



Water and Sewer Department
P.O. Box 330316
3071 SW 38th Avenue – Room 247
Miami, Florida 33233-0316
T 305-665-7477 F 786-552-8763

Name

Date

Mailing Address

City, State, Zip Code

Re: UNDERGROUND/CONCEALED LEAK ADJUSTMENT REQUEST Account No.: _____

Dear Customer:

In order to process your request, please read all of the below and provide information regarding your leak repairs. In addition, please include a partial payment in the amount of your average bill and any prior balance. This information needs to be returned to our office within two weeks from the above date.

The department reserves the right to visually inspect your repairs, and a \$30.00 inspection service charge will be added if a licensed plumber did not do the repairs. The repair must remain exposed for our inspector to verify. If the repair is in a hazardous traffic area, please take appropriate pictures before covering, and submit the photographs with this form. Depending where your repairs were made, we may need access to the property.

Please note that no credits are issued on visible leaks such as toilets, water heaters, faucets, etc. Also, no credits are issued due to leaks caused by contractors or companies breaking consumer's water lines. It is advised that the responsible company's claims department is contacted. A claim for reimbursement of the increased bill should be requested.

Any credit issued will be reflected on an adjusted bill forwarded to you upon completion of our investigation. If there is a problem with your request, you will be notified.

Sincerely,

Customer Relations Branch
Miami-Dade Water and Sewer Department

Re: Underground/Concealed Leak Adjustment Request

Attached are copies of the repair bill(s) and/or a letter from the company or person(s) completing repairs. I understand upon inspection by the Miami-Dade Water and Sewer Department, if all leakage was corrected and consumption has decreased, I may be considered for a credit. I also accept the \$30 service charge if the repairs require an inspection and agree to pay this charge even if my request for a concealed leak adjustment is denied.

I repaired an underground/concealed leak at _____ (Service address)

Plumber's License # (include letters & numbers) _____ check Fla State _____ or Miami-Dade County _____

The exact type and location of the repair was:

Date of repair: _____ Included is my payment in the amount of \$ _____. Payments may also be made on-line at www.miamidade.gov or by calling toll free 1-877-565-9300.

Customer Signature

Date

Phone # (W)

Phone # (H)

IMPORTANT NOTICE TO CUSTOMERS:

Quarterly accounts receiving a bill six (6) times or more over their average prior bills, due to a leak, may qualify for a one-time lifetime 100% extraordinary credit relief upon completing repairs. Other high bills with verified repairs may still qualify for a regular leak credit ranging from 25% to 50%. Please sign again below if you wish to take advantage of this one-time extraordinary credit at this time.

Customer Signature